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CONFIRMATION NO. 1144

SERIAL NUMBER 10/092,892	FILING DATE 03/06/2002 RULE	CLASS 359	GROUP ART UNIT 2873	ATTORNEY DOCKET NO. 1232-4834						
APPLICANTS Kazuhiko Momoki, Saitama, JAPAN;										
** CONTINUING DATA ***** <div style="display: flex; justify-content: space-between; align-items: center;"> NONE. T-P? </div>										
** FOREIGN APPLICATIONS ***** JAPAN 067154/2001(PAT.) 03/09/2001 <div style="text-align: right; font-size: 1.5em;">T-P.</div>										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/10/2002										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 5px;"> Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged </td> <td style="width: 15%; padding: 5px;"> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance </td> <td style="width: 15%; padding: 5px;"> STATE OR COUNTRY JAPAN </td> <td style="width: 10%; padding: 5px;"> SHEETS DRAWING 12 </td> <td style="width: 10%; padding: 5px;"> TOTAL CLAIMS 11 </td> <td style="width: 15%; padding: 5px;"> INDEPENDENT CLAIMS 1 </td> </tr> </table>					Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JAPAN	SHEETS DRAWING 12	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 1
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ADDRESS 27123 MORGAN & FINNEGAN, L.L.P. 345 PARK AVENUE NEW YORK , NY 10154										
TITLE Observation optical system and observation device										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;"> FILING FEE RECEIVED 870 </td> <td style="width: 55%; padding: 5px;"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: </td> <td style="width: 30%; padding: 5px;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </td> </tr> </table>					FILING FEE RECEIVED 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			
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